PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) AFARGE NORTH AMERICA INC EMPLOYEES POLITICAL ACTION COMMIT 13450 Sunrise Valley Drive ADDRESS (number and street) Suite 220 (Check if address is changed) Herndon 20191 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michael.lemonds@lafarge.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00431007 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Michael LeMonds Type or Print Name of Treasurer Michael LeMonds [Electronically Filed] 03 20 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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